## Application Number Filing Date **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS AS FILED Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 14 -.68 · 25 32 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims